101000059630

(Requestor's Name)		
(Address)		
,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Dusiness Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
<u></u>		
Special Instructions to Filing Officer:		

Office Use Only



600132443596

07/11/08--01016--026 **25.00

THE LAMIN OF STATE OF

T. CLINE

JUL 14 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AMERICA'S (Name of	CHOICE ROOFING FL, LL of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
JARED GRUBBS (Name of Person)		
AMERICA'S Choice (Firm/Company)	Roofing/	
2100 FAUKES LA		
(Address) Roanoke TX 76. (City/State and Zip Code)	262 262	
For further information concerning this matter, please call:		
(Name of Person)	at (87) 929-4989 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AMERICA	IS CHOICE ROOFING FLILL
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	PT. Lauderdale, FI, 33304
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2100 FRWKES LN ROGNOKE, TX 76262
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Spiegel + UTRERA P.A.
Registered Office Address:	1840 SW 22 Nd ST. 41 Floor
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address: SARED GRUBBS 28005 SUNRISE DE BIDD # PAF FT. Lauderdole Flores 3304
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	at address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member of authorized representative of a member)	
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00